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Title

Notes From the Cardiology Clinic: Facing Down the Dragons of Health Anxiety.

Permalink

<https://escholarship.org/uc/item/1sq12205>

Journal

The Canadian journal of cardiology, 36(6)

ISSN

0828-282X

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Publication Date

2020-06-01

DOI

10.1016/j.cjca.2020.04.009

Peer reviewed

**Notes from Cardiology Clinic: Facing Down the Dragons of
Health Anxiety**

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Word count: 1,062 plus references

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Would you be pleased or displeased to learn that your next new patient is a hypochondriac? Would you perform a complete review of systems and investigate appropriately each new symptom that you uncovered? The term “hypochondriasis” was removed from the Diagnostic and Statistical Manual of Mental Disorders 5th Edition (DSM-5) in 2013, presumably because of the stigma attached to it, and the term “health anxiety” is now commonly used in its place. In two representative studies, patients with health anxiety comprised 2-7% and 3-13% of the medical population.¹ As you would expect, these patients consume more healthcare dollars and physician time than other patients.² I am sure that you can easily recall at least one such patient.

My patient was approaching 70 years of age and had undergone coronary bypass surgery 5 years previously. He always wore the same rumpled brown suit, lime-green tie, and thick glasses with dark frames. His thinning hair was slicked straight back, and he always seemed to be in a good mood. A visit with his cardiologist was a big deal for him, and he came prepared. To save space I will skip over his non-cardiac complaints.

“Doctor, I am afraid that I will have a heart attack. Do you think I should have another angiogram?”

“Well Mr. Feldman, you aren’t having any symptoms from your heart and the results of your last exercise test were excellent, so I don’t think you need one.”

“I have twinges in my chest sometimes at night. What if I have new blockages?”

“I don’t think your twinges are from your heart. If you have new blockages and they aren’t causing you symptoms, you probably wouldn’t want to do anything about them. You don’t want bypass surgery again, do you?” Nobody ever does.

“Doctor, I have been reading about a new technique with balloons, perhaps we could just squash the blockage? Even if it were only 20 or 30% we could squash it down to zero and start over again.”

“It’s true that balloon angioplasty can reduce severe blockages, but often they grow back again, sometimes worse than before. Maybe it is better not to stir them up. It is a new technique and we are still just learning about it.”

“Doctor, what about chelation therapy? I have read that it works like Drano on arteries.”

“Doctor, what about a vegetarian diet?”

On and on, and often the same questions from one visit to the next. Perhaps he wanted to be sure that my answers were consistent. And yet, I think he realized that his health anxiety was abnormal and irritating, and he tried to compensate by being appreciative. At the end

of each visit I asked him when he wanted to come back, and he always quickly replied: “3 or 4 months.” I saw him more frequently than his clinical condition warranted, but he always seemed to leave satisfied.

Back then the internet was unheard of, and the portmanteau “cyberchondria” had not yet been coined. The internet facilitates searches for symptoms and potential causes, so that an anxious individual with a headache can quickly begin to worry about a brain tumor, and easy bruising potentially becomes leukemia. The prevalence of health anxiety as detected by questionnaires administered to clinic outpatients at one hospital in England increased from 14.9% to 19.9% between 2006-8 and 2008-10, with the increase attributed at least partially to cyberchondria.³

“Doctor, is it safe for me to travel?”

“Where would you like to go?”

“Israel. I’ve never been there.”

“Sure, I think you should go.”

“What if I have a heart attack?”

“That’s very unlikely. You could have a heart attack if you stay home too.”

“Isn’t travel a big stress for the heart?”

This conversation was repeated, word for word, at several consecutive visits. I knew he really wanted to go. Finally, somewhat

exasperated, I made a crucial mistake: “Mr. Feldman, go to Israel! You won’t have a heart attack!”

Mr. and Mrs. Feldman landed at Ben Gurion airport near Jerusalem on March 2, 1983, the day that Israeli physicians began a nation-wide strike. Seven hours later, he developed chest pain, and a degree of chaos ensued as he tried to access medical care. Emergency services had been maintained, however, and he was hospitalized promptly with what turned out to be a small myocardial infarction. He seemed to have received excellent care, and 3 weeks later he was back in my office.

He was smiling broadly as he recounted his adventure in graphic detail. I apologized profusely and explained that he had been really unlucky, that the chances of him having a heart attack had been vanishingly small. He was magnanimous in his forgiveness.

Our relationship continued as before, but his health anxiety seemed substantially diminished. When a study appeared in the *Lancet* showing that the death rate in Israel had declined during the doctors’ strike,⁴ I shared it with him, and he exploded in laughter. This phenomenon is not limited to just Israel, a decrease in mortality has also been reported after physician strikes in other countries.

Since then, randomized, controlled clinical trials have shown that Cognitive Behavioral Therapy (CBT) is effective treatment for health anxiety. In the active treatment group of one study, normal levels of

health anxiety were attained by 13.9% of CBT-treated subjects compared to 7.3% in the control group (odds ratio 2.15, 95% CI 1.09-4.23, $p=0.027$), with benefit persisting for at least 2 years.⁵ CBT teaches subjects to replace unhelpful or unrealistic thoughts related to health with more rational ideas so that they can cope more realistically with anxiety-provoking situations.

About 3 years after his aborted trip, during a routine visit, my patient truly surprised me. Perhaps I should have seen it coming...

“Doctor, I really didn’t get to see much of Israel the first time. I have been thinking about going back. Do you think it would be safe for me?”

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